

5-301

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

UNCLASSIFIED	CONFIDENTIAL	SECRET
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**CENTRAL INTELLIGENCE AGENCY
OFFICIAL ROUTING SLIP**

TO	NAME AND ADDRESS	INITIALS	DATE
1	Ch/E	Eta	8 May
2	St/PR	5/10	8 May
3	Ch/D/M	10	8/5
4	St/PR		
5	Ch/E		
6	SA/RR		

<input checked="" type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks:

would like to have our reply to this request as soon as possible.

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
SA/RR	8 May

UNCLASSIFIED	CONFIDENTIAL	SECRET
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(40)

25X1X7

FORM NO. 237
1 APR 55

Replaces Form 30-4
which may be used.

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